

4

County Register No.\*

No. 362 S. Hill St.

(Registration district)

*I HEREBY CERTIFY that the child described herein  
has been named*

*Dorothy Frances Lowthian*  
(Given name in full) (Surname)

(Signature) S. C. Lowthian

Dr. Holt  
(Physician or Midwife)

Blank supplemental reports of births may be obtained from the local registrar.

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Local registrars must mail supplemental reports immediately to county registrar. County registrars must mail with original certificate on the day of following month.

435-413-578

11. \_\_\_\_\_ (Years)

Birthplace Mex.

Occupation *Housewife*

Number of child of this mother.....7	Number of children, of this mother, now living.....7	Were precautions taken against Ophthalmia neonatorum? Yes
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Ую

I hereby certify that I attended the birth of above child; and that it occurred on Apr. 13 1915, at 94 M.

{ \*When there is no attending physi-  
cian or midwife, then the householder  
{ should make this return.

(Signature) [Signature]  
(Attending physician, midwife, householder.)\*

Given or christian name added from a

Address.....

supplemental report .....191.....

Filed Oct 17 1916

By Jay

LOCAL REGISTRAR.

Filed May 5 1996

**A True Copy**

LOCAL R

COUNTY REGISTRAR

COUNTY REGISTRAR.